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=> s (traumatic(w)brain(w)injury or TBI) and (G(w)CSF or
granulocyte(w)colony(w)stimulating(w)factor)
L1          953 (TRAUMATIC(W) BRAIN(W) INJURY OR TBI) AND (G(W) CSF OR GRANULOCY
                TE(W) COLONY(W) STIMULATING(W) FACTOR)

=> s l1 and neurolog?
L2           30 L1 AND NEUROLOG?

=> dup rem l2
PROCESSING COMPLETED FOR L2
L3           27 DUP REM L2 (3 DUPLICATES REMOVED)

=> dis ibib abs l3 1-27

L3   ANSWER 1 OF 27  EMBASE  COPYRIGHT (c) 2010 Elsevier B.V. All rights
     reserved on STN
ACCESSION NUMBER:    2010079101  EMBASE
TITLE:               Low-Dose Total Body Irradiation and Fludarabine
                     Conditioning for HLA Class I-Mismatched Donor Stem Cell
                     Transplantation and Immunologic Recovery in Patients with
                     Hematologic Malignancies: A Multicenter Trial.
AUTHOR:              Nakamae, Hirohisa; Storer, Barry E.; Storb, Rainer; Storek,
                     Jan; Chauncey, Thomas R.; Petersdorf, Effie; Woolfrey, Ann;
                     Maloney, David G.; Sandmaier, Brenda M. (correspondence)
CORPORATE SOURCE:    Clinical Research Division, Fred Hutchinson Cancer Research
                     Center, Seattle, WA, United States. bsandmai@fhcrc.org
AUTHOR:              Storer, Barry E.; Storb, Rainer; Chauncey, Thomas R.;
                     Petersdorf, Effie; Woolfrey, Ann; Maloney, David G.;
                     Sandmaier, Brenda M. (correspondence)
CORPORATE SOURCE:    University of Washington School of Medicine, Seattle, WA,
                     United States. bsandmai@fhcrc.org
AUTHOR:              Storek, Jan
CORPORATE SOURCE:    University of Calgary, Calgary, Alta., Canada.
AUTHOR:              Chauncey, Thomas R.
CORPORATE SOURCE:    Veterans Affairs Puget Sound Health Care System, Seattle,
                     WA, United States.
AUTHOR:              Pulsipher, Michael A.
CORPORATE SOURCE:    University of Utah, Salt Lake City, UT, United States.
AUTHOR:              Petersen, Finn B.
CORPORATE SOURCE:    Intermountain Blood and Marrow Transplant Program, Salt
```

Lake City, UT, United States.
AUTHOR: Wade, James C.
CORPORATE SOURCE: Medical College of Wisconsin, Milwaukee, WI, United States.
AUTHOR: Maris, Michael B.
CORPORATE SOURCE: Rocky Mountain Blood and Marrow Transplantation, Denver, CO, United States.
AUTHOR: Bruno, Benedetto
CORPORATE SOURCE: University of Torino, Torino, Italy.
AUTHOR: Panse, Jens
CORPORATE SOURCE: University of Hamburg, Hamburg, Germany.
SOURCE: Biology of Blood and Marrow Transplantation, (March 2010) Vol. 16, No. 3, pp. 384-394.
Refs: 50
ISSN: 1083-8791; E-ISSN: 1523-6536 CODEN: BBMTF6
PUBLISHER: Elsevier Inc., 170 S Independence Mall W 300 E, Philadelphia, PA 19106-3399, United States.
PUBLISHER IDENT.: S 1083-8791(09)00521-7
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
016 Cancer
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 15 Mar 2010
Last Updated on STN: 15 Mar 2010
AB HLA-mismatched grafts are a viable alternative source for patients without HLA-matched donors receiving ablative hematopoietic cell transplantation (HCT), although their use in reduced intensity conditioning (RIC) or nonmyeloablative (NMA) conditioning HCT has been not well established. Here, we extended HCT to recipients of HLA class I-mismatched grafts to investigate whether NMA conditioning can establish stable donor engraftment. Fifty-nine patients were conditioned with fludarabine (Flu) 90 mg/m2 and 2 Gy total body irradiation (TBI), followed by immunosuppression with cyclosporine (CsA) 5.0 mg/kg twice a day and mycophenolate mofetil (MMF) 15 mg/kg 3 times a day for transplantation of granulocyte colony-stimulating factor (G-CSF)-mobilized peripheral blood stem cells (PBSCs) from related (n = 5) or unrelated donors (n = 54) with 1 antigen ± 1 allele HLA class I mismatch or 2 HLA class I allele mismatches. Sustained donor engraftment was observed in 95% of the evaluable patients. The incidence of grade II-IV acute and extensive chronic graft-versus-host disease (aGVHD, cGVHD) was 69% and 41%, respectively. The cumulative probability of nonrelapse mortality (NRM) was 47% at 2 years. Two-year overall and progression-free survival (OS, PFS) was 29% and 28%, respectively. NMA conditioning with Flu and low-dose TBI, followed by HCT using HLA class I-mismatched donors leads to successful engraftment and long-term survival; however, the high incidence of aGVHD and NRM needs to be addressed by alternate GVHD prophylaxis regimens.

L3 ANSWER 2 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2009:618396 BIOSIS
DOCUMENT NUMBER: PREV200900619499
TITLE: Combination therapy for traumatic brain injury in rats with stem cell mobilization by granulocyte-colony stimulating factor and umbilical cord matrix stem cell injection enhance recovery.

AUTHOR(S): Modiry, N. [Reprint Author]; Marzban, M.; Ebrahimi, A.
CORPORATE SOURCE: Iran Univ Med Sci, Tehran, Iran
SOURCE: European Journal of Neurology, (OCT 2009) Vol. 16, No. Suppl. 3, pp. 597.
Meeting Info.: 13th Congress of the European-Federation-of-Neurological-Societies. Florence, ITALY. September 12 -15, 2009. European Federat Neurol Soc.
ISSN: 1351-5101.
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Nov 2009
Last Updated on STN: 12 Nov 2009

L3 ANSWER 3 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2009:618395 BIOSIS
DOCUMENT NUMBER: PREV200900619498
TITLE: Mobilization of stem cell with granulocyte-colony stimulating factor promotes recovery after traumatic brain injury in rat.
AUTHOR(S): Marzban, M. [Reprint Author]; Modiry, N.; Ebrahimi, A.
CORPORATE SOURCE: Iran Univ Med Sci, Tehran, Iran
SOURCE: European Journal of Neurology, (OCT 2009) Vol. 16, No. Suppl. 3, pp. 596.
Meeting Info.: 13th Congress of the European-Federation-of-Neurological-Societies. Florence, ITALY. September 12 -15, 2009. European Federat Neurol Soc.
ISSN: 1351-5101.
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Nov 2009
Last Updated on STN: 12 Nov 2009

L3 ANSWER 4 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2009016395 EMBASE
TITLE: Successful allogeneic unrelated bone marrow transplantation using reduced-intensity conditioning for the treatment of X-linked adrenoleukodystrophy in a one-yr-old boy.
AUTHOR: Watanabe, Tsutomu (correspondence)
CORPORATE SOURCE: Department of Pediatrics, Tokushima Red Cross Hospital, 773-8502, Komatsushima-city, Tokushima, Japan. twatanab@tokushima-med.jrc.or.jp
AUTHOR: Okamura, Kazumi; Watanabe, Tsutomu (correspondence); Onishi, Toshihiro; Watanabe, Hiroyoshi; Fujii, Emiko; Mori, Kenji; Matsuda, Junko
CORPORATE SOURCE: Department of Pediatrics, University of Tokushima Graduate School of Medical Science, Tokushima, Japan. twatanab@tokushima-med.jrc.or.jp
SOURCE: Pediatric Transplantation, (February 2009) Vol. 13, No. 1, pp. 130-133.
Refs: 18
ISSN: 1397-3142; E-ISSN: 1399-3046 CODEN: PETRF6
PUBLISHER: Blackwell Publishing Ltd, 9600 Garsington Road, Oxford, OX4 2XG, United Kingdom.
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 003 Endocrinology
006 Internal Medicine

007 Pediatrics and Pediatric Surgery
022 Human Genetics
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 3 Feb 2009
Last Updated on STN: 3 Feb 2009

AB The childhood cerebral form of X-linked ALD is a demyelinating disorder of the central nervous system, which rapidly leads to total disability and death. Allogeneic stem cell transplantation benefits patients who show early evidence of the demyelination. We report here a one-yr-old boy with ALD who received HLA-matched unrelated BMT in an early stage of the disease after careful planning and observation since his birth. BMT was performed when MRI began to show slight signal intensity changes in the white matter of the brain. Pretransplant conditioning consisted of fludarabine, l-PAM and TBI (2 Gy). GVHD prophylaxis consisted of cyclosporine A and short-course methotrexate. The patient showed an uneventful BMT course with fast and stable engraftment. Following BMT, the plasma levels of VLCFA decreased gradually and MRI changes improved. The patient did not have any evidence of further neurological deterioration 22 months following the transplant. Although this is still a short follow-up, it has been shown that BMT should be considered when a child has a biochemical diagnosis and MRI findings of ALD without any neurological signs. RIST should be considered as a pretransplant conditioning for ALD. .COPYRGT. 2008 Wiley Periodicals, Inc.

L3 ANSWER 5 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2009:258900 BIOSIS
DOCUMENT NUMBER: PREV200900258900
TITLE: Analysis of a New graft-versus-host Disease (GvHD) Prophylaxis Regimen with Additional Enteric-coated Mycophenolate Sodium (EC-MPS) Starting 10 Days after Unrelated Allogeneic Stem Cell Transplantation.
AUTHOR(S): Sayer, Herbert G. [Reprint Author]; Muegge, Lars-Olof; Scholl, Sebastian; Klink, Anne; Schilling, Kristina; Hoeffken, Klaus
CORPORATE SOURCE: Univ Klinikum Jena, Jena, Germany
SOURCE: Blood, (NOV 16 2008) Vol. 112, No. 11, pp. 768.
Meeting Info.: 50th Annual Meeting of the American-Society-of-Hematology. San Francisco, CA, USA. December 06 -09, 2008. Amer Soc Hematol.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 16 Apr 2009
Last Updated on STN: 16 Apr 2009

AB Introduction: Acute GvHD has, despite established immunosuppressive prophylaxis regimens, significant impact on acute morbidity and mortality following allogeneic stem cell transplantation (SCT). In the unrelated or even non-matched unrelated situation new GvHD-prophylaxis regimens balancing GvHD and graft-versus-leukaemia effect are needed. EC-MPS and mycophenolate mofetil [MMF] are effective immunosuppressants by inhibition of T- and B-cell proliferation. Primary study aims in this ethical board approved, prospective, single-centre, open phase 11 trial were (1) feasibility of prolongatedly started oral EC-MPS and (2) reduction in the rate of GvHD in unrelated allogeneic SCT. Patients and Methods: EC-MPS [Myfortic (R)] 720 mg twice a day orally starting at day +10 after SCT in addition to standard GvHD prophylaxis, consisting of cyclosporine (CSA) 3 mg/kg continuous intravenous infusion with or without methotrexate (MTX) 15 mg/m(2) day +1 and 10 mg/m(2) day +3,+6,+11 intravenous push, was

evaluated: According to the protocol, EC-MPS was tapered from day +40, if no acute GvHD-signs were present. 54 patients, including 8 patients from a previous pilot trial, with advanced haematological malignancies (n=28) or in first remission of acute leukaemia (n=26) between 8/03 and 12/07 were evaluated. The patients had either a 10/10 HLA-matched (n=32) or a 8-9/10 HLA mismatched unrelated donor (n=22). 32 (59%) patients received 40 mg/kg antithymocyte globulin (ATG), with 8 Gray total body irradiation (TBI) and cyclophosphamide (CY), or with fludarabine 120mg/m(2), busulfan 8mg/kg or treosulfan 8-12 mg/kg. 12 or 8 Gray TBI and 120 mg/kg CY followed by MTX i.v. were administered to 22 (41%) patients. Results: A median of 5.7 (range: 0.9-9.9) unmanipulated G-CSF-mobilized CD-34 positive stem cells per kg were given on day 0. All of the 23 women and 31 men (median age 48 years (range: 20-65)), except one patient, showed a leukocyte engraftment on median day +14 (range: 9-35). Platelet engraftment was observed on median day +17 (range: 9-132). In 12 patients 22%) initially i.v. MMF (I g twice a day) instead of oral study medication was given temporarily, mostly due to severe mucositis. In six patients (11%) EC-MPS (on day +14, 17, 22, 32, 37, 76) had to be discontinued, due to severe nausea (n=2), neurological toxicity (n=2), graft failure (n=1) and protocol violation (n=1). Acute GvHD grade II-IV was observed in 27 (52%) patients, including 8 (15%) with grade III and 4 (7.5%) with grade IV. The incidence of chronic GvHD, was 63 % (n=29) [limited chronic GvHD: 54 % (n=15), extended chronic GvHD: 14% (n=4)] of the 46 patients surviving > 100 days after SCT. With 10/10 HLA-matched donors GvHD grade II-IV was seen in 44% (n=14) [grade III and W n=5 (16%)], whereas with non fully-matched donors the incidence was 59 % (n=13) [grade III and IV n=7 (32%)]. Chronic GvHD incidence was 50% (14/28) in the fully matched donor situation in contrast to 83% (15/18) in the non-fully matched situation. The conditioning regimen with ATG resulted in a GvHD grade II-IV incidence of 39% (n=12) [GvHD grade III-IV: 19% (n=6)], compared to 68% (n=15) [GvHD grade III-IV: 27% (n=6)] without ATG. With a median follow-up of 16 months (range: 1-56) 28 patients (52%) are alive, 18 fully HLA-matched stem cell recipients (56%) and 10 mismatched HLA recipients (45%). Survival with or without ATG was 50% (n=16) and 55% (n=12), respectively.Twenty-six (48%) patients have died; 12 (22%) due to relapse, 10 (19%) due to acute/chronic GvHD, and 4 (7%) due to nfection/secondary cancer without GvHD. Conclusions: EC-MPS with a 10 day prolorgated start after transplantation combined with initial standard GvHD prophylaxis in the unrelated stem cell transplantation setting seems to be feasible. Mucositis was the main course for oral intake problems. The toxicity drop-out rate of 7 % should be considered. The analysis of all evaluable patients in the pilot and the prospective trial yielded effectiveness in reducing severe GvHD Grade III/IV, especially in combination with ATG. The MPS application regimen failed to show less incidence of chronic GvHD) in the non-fully matched unrelated donor setting. GvHD prevention trials in the future should incorporate new drugs with a different pathway of T-cell inhibition or tolerance induction, respectively.

L3 ANSWER 6 OF 27 EMBASE

ACCESSION NUMBER: 2007619032 EMBASE
TITLE: Stem cells and neurological diseases.
AUTHOR: Hess, D.C. (correspondence); Borlongan, C.V.
CORPORATE SOURCE: Department of Neurology, Medical College of Georgia, Augusta, GA 30912, United States. dhess@mail.mcg.edu
AUTHOR: Borlongan, C.V.
CORPORATE SOURCE: Medical Research Service, VA Medical Center, Augusta, GA 30912, United States.
SOURCE: Cell Proliferation, (Feb 2008) Vol. 41, No. S1, pp. 94-114. Refs: 145

ISSN: 0960-7722; E-ISSN: 1365-2184 CODEN: CPROEM
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)
FILE SEGMENT: 021 Developmental Biology and Teratology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
039 Pharmacy
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 28 Jan 2008
Last Updated on STN: 28 Jan 2008

AB Cells of the central nervous system were once thought to be incapable of regeneration. This dogma has been challenged in the last decade with studies showing new, migrating stem cells in the brain in many rodent injury models and findings of new neurones in the human hippocampus in adults. Moreover, there are reports of bone marrow-derived cells developing neuronal and vascular phenotypes and aiding in repair of injured brain. These findings have fuelled excitement and interest in regenerative medicine for neurological diseases, arguably the most difficult diseases to treat. There are numerous proposed regenerative approaches to neurological diseases. These include cell therapy approaches in which cells are delivered intracerebrally or are infused by an intravenous or intra-arterial route; stem cell mobilization approaches in which endogenous stem and progenitor cells are mobilized by cytokines such as granulocyte colony stimulatory factor (GCSF) or chemokines such as SDF-1; trophic and growth factor support, such as delivering brain-derived neurotrophic factor (BDNF) or glial-derived neurotrophic factor (GDNF) into the brain to support injured neurones; these approaches may be used together to maximize recovery. While initially, it was thought that cell therapy might work by a 'cell replacement' mechanism, a large body of evidence is emerging that cell therapy works by providing trophic or 'chaperone' support to the injured tissue and brain. Angiogenesis and neurogenesis are coupled in the brain. Increasing angiogenesis with adult stem cell approaches in rodent models of stroke leads to preservation of neurones and improved functional outcome. A number of stem and progenitor cell types has been proposed as therapy for neurological disease ranging from neural stem cells to bone marrow derived stem cells to embryonic stem cells. Any cell therapy approach to neurological disease will have to be scalable and easily commercialized if it will have the necessary impact on public health. Currently, bone marrow-derived cell populations such as the marrow stromal cell, multipotential progenitor cells, umbilical cord stem cells and neural stem cells meet these criteria the best. Of great clinical significance, initial evidence suggests these cell types may be delivered by an allogeneic approach, so strict tissue matching may not be necessary. The most immediate impact on patients will be achieved by making use of the trophic support capability of cell therapy and not by a cell replacement mechanism. .COPYRGT. 2008 The Authors.

L3 ANSWER 7 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2009:256866 BIOSIS
DOCUMENT NUMBER: PREV200900256866
TITLE: Autologous Hematopoietic Stem Cell Transplantation (HSCT) for Autoimmune Diseases: 10 Years Experience from the European Group for Blood and Marrow Transplantation (EBMT) Working Party on Autoimmune Diseases.
AUTHOR(S): Farge, Dominique [Reprint Author]; Labopin, Myriam; Tyndall, Alan; Fassas, Athanasios; Mancardi, Gian Luigi; Van Laar, Jaap; Ouyang, Jian; Kozak, Tomas; Moore, John; Koetter, Ina; Chesnel, Virginie; Marmont, Alberto;

Gratwohl, Alois; Saccardi, Riccardo
CORPORATE SOURCE: St Louis Hosp, Paris, France
SOURCE: Blood, (NOV 16 2008) Vol. 112, No. 11, pp. 67-68.
Meeting Info.: 50th Annual Meeting of the American-Society-of-Hematology. San Francisco, CA, USA. December 06-09, 2008. Amer Soc Hematol.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 16 Apr 2009
Last Updated on STN: 16 Apr 2009
AB Introduction Since 1996 a joint collaborative effort from the European Group for Blood and Marrow Transplantation (EBMT) and League against Rheumatism (EULAR) collected cases of Autologous Hematopoietic Stem Cell Transplantation (AHSCT) for patients (pts) with severe autoimmune diseases (AD). This retrospective observational study was designed to assess patients outcome and analyse the determinants of treatment responses after AHSCT. Methods All consecutive AD pts treated by AHSCT from 1996 to 2007 according to the EBMT-EULAR consensus statement with ethics committee approved protocol were included. Data were reported yearly via the electronic EBMT data management system PROMISE and outcomes updated as December 2007. Standard AHSCT techniques used either bone marrow (BM), peripheral blood stem cells (PBSC) or both. PBSC were collected with cyclophosphamide CY (CY4 g/m2) + granulocyte-colony stimulating factor(G-CSF), or with G-CSF alone if cardiac function prevented CY. Cell selection used either CD34+ selection with or without monoclonal antibodies, particularly anti-CD52, anti-CD3, anti-CD19 or anti-CD20. Conditioning regimen used either Total Body Irradiation (TBI) or chemotherapy alone, with various combinations of CY, Busulfan, BEAM Antithymocyte Globulins (ATG), which were then subgrouped arbitrarily into a) high intensity regimen, including Busulfan or TBI, b) low intensity restricted to CY alone, Melphalan alone and Fludarabine-based regimens, or c) intermediate regimen with all the other combinations. Primary outcome measure was Progression Free Survival (PFS) defined as survival without evidence of relapse or progression. Secondary outcomes were the Overall Survival (OS) defined as time to death, irrespective of the cause and Transplant Related Mortality (TRM) at day 100, defined as death without ADs relapse or progression. Cumulative incidence curves were used for TRM, considering relapse or progression within 100 days as a competing event and compared using the Gray's test. Kaplan-Meier estimate was used to calculate PFS Probabilities and the log-rank test for univariate comparisons. For all pronostic analyses, continuous variables were categorised and the median was used as a cut-off point. Associations of patient, disease and graft characteristics with outcomes were evaluated in multivariate analyses, using Cox proportional hazards for PFS, and proportional hazard regression model of Fine and Gray for NRM. Results: From 1996 to December 2007, 900 AD pis (64% female, median 35 years) from 171 teams in 27. countries treated by AHSCT were reported to the EBMT data base, mainly multiple sclerosis (MS, n=345), systemic sclerosis (SSc, n=175), systemic lupus erythematosus (SLE, n=85), rheumatoid arthritis (RA, n=89), juvenile idiopathic arthritis (JIA, n=65), vasculitis (VASC, n=26) and hematological immune cytopenia (HIC, n=37). PSC were used as stem cell source for 92% of the pis; 42% of the pis had in vitro cell selection, mostly with CD34+ selection. All types of conditioning regimens were used in all disease categories with very few patients (7%) with TBI. On the overall population, the 5 years PFS was 43 +/- 2% and OS was 85 +/- 1%.Three years after AHSCT: a) PFS was 61 +/- 5% for SSc, 55 +/- 3% for MS, 54 +/- 6% for SLE, 52 +/- 7% for JIA, 53 +/- 15% for PMDM, 47 +/- 11% for VASC, 34 +/- 9% for HIC and 23 +/- 5% for RA,);

b) OS was 98 +/- 2% for RA, 93 +/- 2% for MS, 82 +/- 5% for JIA, 83 +/- 5% for SLE and 77 +/- 4% for SSc, depending primarilyon AD type (p<0.001). By multivariate analysis, the age > 35 yrs (HR 0.73, 95%CI (0.59-0.89), p=0.002), AHSCT performed before December 2000 (HR 0.69,95%CI (0.55-0.85), p=0.008) and number of AHSCT for ADs per centre pound 13 (FIR 0.82, 95%CI (0.67-0.99, p=0.05) were associated with a lower PFS. The day 100 TRM was 5 1% overall and appeared significantly lower for a number of patients per centre > 13 (FIR 0.45, 95% CI (0.21-0.99), p=0.05).Conclusion The EBMT registry allowed to collect 900 ADs pis with AHSCT after 10 years of collaborative effort. Although retrospective, this largest cohort studied worldwide so far showed that patient age, AD type and number of AHSCT per centre are important determinants of the response. AHSCT appeared a good therapeutic alternative for severe Ads unresponsive to conventional treatment, supporting the ongoing European and north American phase 3 trials comparing AHSCT to standard therapies in SSc, MS, SLE and Crohn's disease.

L3 ANSWER 8 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2007:377586 BIOSIS
DOCUMENT NUMBER: PREV200700375656
TITLE: Clinical impact of MRSA in a stem cell transplant unit: analysis before, duringand after an MRSA outbreak.
AUTHOR(S): Shaw, B. E. [Reprint Author]; Boswell, T.; Byrne, J. L.; Yates, C.; Russell, N. H.
CORPORATE SOURCE: City Hosp Nottingham, Dept Haematol, Hucknall Rd, Nottingham NG5 1PB, UK
bshaw@doctors.org.uk
SOURCE: Bone Marrow Transplantation, (MAY 2007) Vol. 39, No. 10, pp. 623-629.
ISSN: 0268-3369.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 4 Jul 2007
Last Updated on STN: 4 Jul 2007
AB Meticillin-resistant Staphylococcus aureus (MRSA) is a major nosocomial pathogen, with an increased incidence in the UK since 1993, causing serious morbidity and mortality in immunosuppressed patients. We analysed the frequency and outcome of MRSA infection in a single-centre transplant population over a 5-year period. The total number of patients infected was 41/776 (5%). The frequency in autologous, sibling and unrelated donor transplants was 3, 6 and 9%, respectively. Prior to 2004, the incidence was <4%/year; however, an outbreak in the day unit resulted in 22 patients becoming newly infected. Over 90% of infections were clinically relevant, half (49%) being bacteraemia. Three patterns were seen: known MRSA positive at any time before transplant (n = 15), MRSA. rst detected during the neutropenia phase (n = 5) and MRSA only post discharge (n = 21). MRSA was implicated in a number of deaths, at all time points, in those infected. An intensive eradication policy resulted in new infections dropping to <2%. In conclusion, MRSA is likely to remain endemic in our unit, but robust early screening protocols and aggressive eradication strategies have effectively limited the spread of and morbidity due to this pathogen.

L3 ANSWER 9 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2007288983 EMBASE
TITLE: Systemic complications after head injury: A clinical review.
AUTHOR: Lim, H.B.; Smith, Martin, Dr. (correspondence)
CORPORATE SOURCE: Department of Neuroanaesthesia and Neurocritical Care, The National Hospital for Neurology and Neurosurgery, Queen

Square, London WC1N 3BG, United Kingdom. martin.smith@uclh.nhs.uk
SOURCE: Anaesthesia, (May 2007) Vol. 62, No. 5, pp. 474-482.
Refs: 87
ISSN: 0003-2409; E-ISSN: 1365-2044 CODEN: ANASAB
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
025 Hematology
037 Drug Literature Index
038 Adverse Reactions Titles
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 23 Jul 2007
Last Updated on STN: 23 Jul 2007

AB Non-neurological organ dysfunction is common after traumatic brain injury and is an independent contributor to morbidity and mortality. It represents a risk factor that is potentially amenable to treatment, and early recognition and prompt intervention may improve outcome. This article reviews the current evidence for the mechanisms and treatment of non-neurological organ dysfunction after head injury. .COPYRGT. 2007 The Authors Journal compilation .COPYRGT. 2007 The Association of Anaesthetists of Great Britain and Ireland.

L3 ANSWER 10 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2007:234895 BIOSIS
DOCUMENT NUMBER: PREV200700242465
TITLE: Thiopental-induced neutropenia in two patients with severe head trauma.
AUTHOR(S): Frenette, Anne Julie [Reprint Author]; Perreault, Marc M.; Lam, Stefanie; Williamson, David R.
CORPORATE SOURCE: Hop Sacre Coeur, Dept Pharm Serv, 5400 Gouin W, Montreal, PQ H4J 1C5, Canada
anjue@yahoo.com
SOURCE: Pharmacotherapy, (MAR 2007) Vol. 27, No. 3, pp. 464-471.
CODEN: PHPYDQ. ISSN: 0277-0008.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 11 Apr 2007
Last Updated on STN: 11 Apr 2007

AB Thiopental has been used for decades in the treatment of refractory intracranial hypertension in patients with traumatic and nontraumatic head injuries. Commonly reported adverse effects include hypotension, hypokalemia, respiratory complications, and hepatic dysfunction. Neutropenia has rarely been reported as an adverse effect of thiopental. We witnessed probable thiopental-induced neutropenia in two patients with traumatic brain injuries who developed increased intracranial hypertension that was refractory to standard therapy. Based on a MEDLINE search of published case reports and literature, we propose two mechanisms by which thiopental-related neutropenia might be explained. The first is inhibition of inflammatory mediator nuclear factor-kappa B (NF-kappa B), leading to granulocyte apoptosis. The second mechanism involves inhibition of calcineurin. Although the precise link between these two mechanisms has not been elucidated, calcineurin is known to regulate NF-kappa B activity. Development of neutropenia does not appear to be correlated with time but

may correlate with plasma concentrations of thiopental. The optimum management of drug-induced neutropenia is unclear. The decision to discontinue thiopental in patients who develop neutropenia should be made by weighing the risks versus benefits. Broad-spectrum antibiotics may be required in the presence of fever. The role of hematopoietic growth factors such as granulocyte colony-stimulating factor is not yet defined. Given the adverse infectious consequences of neutropenia, it is essential to closely monitor neutrophil counts in patients receiving thiopental.

L3 ANSWER 11 OF 27 CAPLUS COPYRIGHT 2010 ACS on STN
ACCESSION NUMBER: 2007:241437 CAPLUS
DOCUMENT NUMBER: 147:1751
TITLE: Transient neuroprotection by minocycline following traumatic brain injury is associated with attenuated microglial activation but no changes in cell apoptosis or neutrophil infiltration
AUTHOR(S): Bye, Nicole; Habgood, Mark D.; Callaway, Jennifer K.; Malakooti, Nakisa; Potter, Ann; Kossmann, Thomas; Morganti-Kossmann, M. Cristina
CORPORATE SOURCE: National Trauma Research Institute and Department of Trauma Surgery, Alfred Hospital, Victoria, Australia
SOURCE: Experimental Neurology (2007), 204(1), 220-233
CODEN: EXNEAC; ISSN: 0014-4886
PUBLISHER: Elsevier
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Cerebral inflammation and apoptotic cell death are two processes implicated in the progressive tissue damage that occurs following traumatic brain injury (TBI), and strategies to inhibit one or both of these pathways are being investigated as potential therapies for TBI patients. The tetracycline derivative minocycline was therapeutically effective in various models of central nervous system injury and disease, via mechanisms involving suppression of inflammation and apoptosis. We therefore investigated the effect of minocycline in TBI using a closed head injury model. Following TBI, mice were treated with minocycline or vehicle, and the effect on neurol. outcome, lesion volume, inflammation and apoptosis was evaluated for up to 7 days. Our results show that while minocycline decreases lesion volume and improves neurol. outcome at 1 day post-trauma, this response is not maintained at 4 days. The early beneficial effect is likely not due to anti-apoptotic mechanisms, as the d. of apoptotic cells is not affected at either time-point. However, protection by minocycline is associated with a selective anti-inflammatory response, in that microglial activation and interleukin-1β expression are reduced, while neutrophil infiltration and expression of multiple cytokines are not affected. These findings demonstrate that further studies on minocycline in TBI are necessary in order to consider it as a novel therapy for brain-injured patients.
OS.CITING REF COUNT: 27 THERE ARE 27 CAPLUS RECORDS THAT CITE THIS RECORD (27 CITINGS)
REFERENCE COUNT: 55 THERE ARE 55 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L3 ANSWER 12 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2007260686 EMBASE
TITLE: MRI of mouse models of neurological disorders.
AUTHOR: Anderson, Stasia A. (correspondence)
CORPORATE SOURCE: Animal MRI/Imaging Core, National Heart Lung and Blood

Institute, NIH, 10 Center Drive, Bethesda, MD 20892, United States. andersos1@nhlbi.nih.gov
AUTHOR: Frank, Joseph A.
CORPORATE SOURCE: Experimental Neuroimaging Section, Laboratory of Diagnostic Radiology Research, NIH, 10 Center Drive, Bethesda, MD 20892, United States. sanderso@helix.nih.gov
AUTHOR: Anderson, Stasia A. (correspondence)
CORPORATE SOURCE: NHLBI, Animal MRI/Imaging Core, National Institutes of Health, 10 Center Drive, Bethesda, MD 20892, United States. andersos1@nhlbi.nih.gov
SOURCE: NMR in Biomedicine, (May 2007) Vol. 20, No. 3, pp. 200-215.
Refs: 96
ISSN: 0952-3480; E-ISSN: 1099-1492 CODEN: NMRBEF
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 014 Radiology
016 Cancer
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Jul 2007
Last Updated on STN: 2 Jul 2007
AB MRI has contributed to significant advances in the understanding of neurological diseases in humans. It has also been used to evaluate the spectrum of mouse models spanning from developmental abnormalities during embryogenesis, evaluation of transgenic and knockout models, through various neurological diseases such as stroke, tumors, degenerative and inflammatory diseases. The MRI techniques used clinically are technically more challenging in the mouse because of the size of the brain; however, mouse imaging provides researchers with the ability to explore cellular and molecular imaging that one day may translate into clinical practice. This article presents an overview of the use of MRI in mouse models of a variety of neurological disorders and a brief review of cellular imaging using magnetically tagged cells in the mouse central nervous system.

L3 ANSWER 13 OF 27 EMBASE
ACCESSION NUMBER: 2006582146 EMBASE
TITLE: Differential regulation of blood-brain barrier permeability in brain trauma and pneumococcal meningitis-role of Src kinases.
AUTHOR: Paul, Robert (correspondence); Angele, Barbara; Popp, Bernadette; Klein, Matthias; Riedel, Eva; Pfister, Hans-Walter; Koedel, Uwe
CORPORATE SOURCE: Department of Neurology, Klinikum Grosshadern, Ludwig-Maximilians University, Marchioninistr. 15, D-81377 Munich, Germany. Robert.Paul@med.uni-muenchen.de
SOURCE: Experimental Neurology, (Jan 2007) Vol. 203, No. 1, pp. 158-167.
Refs: 43
ISSN: 0014-4886; E-ISSN: 1090-2430 CODEN: EXNEAC
PUBLISHER IDENT.: S 0014-4886(06)00470-5
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 026 Immunology, Serology and Transplantation
029 Clinical and Experimental Biochemistry
005 General Pathology and Pathological Anatomy
008 Neurology and Neurosurgery

LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 28 Dec 2006
Last Updated on STN: 28 Dec 2006

AB Increased vascular permeability causing vasogenic brain edema is characteristic for many acute neurological diseases such as stroke, brain trauma, and meningitis. Src family kinases, especially c-Src, play an important role in regulating blood-brain barrier permeability in response to VEGF, but also mediate leukocyte function and cytokine signalling. Here we demonstrate that pharmacological inhibition of Src or c-Src deficiency does not influence cerebrospinal fluid (CSF) pleocytosis, brain edema formation, and bacterial outgrowth during experimental pneumococcal meningitis despite the increased cerebral expression of inflammatory chemokines, such as IL-6, CCL-9, CXCL-1, CXCL-2 and G-CSF as determined by protein array analysis. In contrast, inhibition of Src significantly reduced brain edema formation, lesion volume, and clinical worsening in cold-induced brain injury without decreasing cytokine/chemokine expression. While brain trauma was associated with increased cerebral VEGF formation, VEGF levels significantly declined during pneumococcal meningitis. Therefore, we conclude that in brain trauma blood-brain barrier tightness is regulated by the VEGF/Src pathway whereas c-Src does not influence brain edema formation and leukocyte function during bacterial meningitis. .COPYRGT. 2006 Elsevier Inc. All rights reserved.

L3 ANSWER 14 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007260606 EMBASE
TITLE: Bone marrow-derived stem cells in neurological diseases: Stones or masons?.
AUTHOR: Mezey, Eva (correspondence)
CORPORATE SOURCE: 49 Convent Drive, Bethesda, MD 20892, United States. mezeye@mail.nih.gov
SOURCE: Regenerative Medicine, (Jan 2007) Vol. 2, No. 1, pp. 37-49.
Refs: 103
ISSN: 1746-0751
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review; (Review)
FILE SEGMENT: 016 Cancer
021 Developmental Biology and Teratology
029 Clinical and Experimental Biochemistry
030 Clinical and Experimental Pharmacology
037 Drug Literature Index
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 2 Jul 2007
Last Updated on STN: 2 Jul 2007

AB In spite of the commonly held belief that 'the brain does not regenerate', it is now accepted that postnatal neurogenesis does occur. Thus, one wonders whether cellular-replacement therapy might be used to heal the brain in diseases caused by neuronal cell loss. The existence of neural stem cells has been demonstrated by many scientists and is now generally accepted. The exact role of these cells, how their numbers are regulated and how they participate in CNS and spinal cord regeneration in postnatal life are still not well known. There are many reviews summarizing work on these cells; consequently, I will focus instead on other cells that may participate in postnatal neurogenesis: bone marrow-derived stem cells. The possibility that bone marrow-derived stem cells populate the CNS and differentiate into various neural elements is certainly not universally accepted. .COPYRGT. 2007 Future Medicine Ltd.

L3 ANSWER 15 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2004180372 EMBASE

TITLE: Outcomes of adults with acute myelogenous leukemia in remission given 550 cGy of single-exposure total body irradiation, cyclophosphamide, and unrelated donor bone marrow transplants.

AUTHOR: Hallemeier, C.; Girgis, M.; Blum, W.; Brown, R.; Khoury, H.; Goodnough, L.T.; Vij, R.; Devine, S.; Wehde, M.; Postma, S.; Dipersio, J.; Adkins, Douglas, Dr. (correspondence)

CORPORATE SOURCE: Washington University School of Med., Division of Oncology, Sec. Bone Marrow Transpl./Leukemia, 660 S. Euclid Avenue, St. Louis, MO 63110-1093, United States. kaddison@im.wustl.edu

AUTHOR: Goodnough, L.T.

CORPORATE SOURCE: Department of Pathology, Division of Laboratory Medicine, Washington University School of Med., 660 S. Euclid Avenue, St. Louis, MO 63110-1093, United States.

AUTHOR: Lin, H.-S.

CORPORATE SOURCE: Department of Radiology, Division of Radiation Oncology, Washington University School of Med., 660 S. Euclid Avenue, St. Louis, MO 63110-1093, United States.

SOURCE: Biology of Blood and Marrow Transplantation, (May 2004) Vol. 10, No. 5, pp. 310-319.
Refs: 40
ISSN: 1083-8791 CODEN: BBMTF6

PUBLISHER IDENT.: S 1083-8791(03)00523-8

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 014 Radiology
016 Cancer
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 6 May 2004
Last Updated on STN: 6 May 2004

AB On the basis of observations from dog models and human studies, we hypothesized that a low-dose (550 cGy), single-exposure total body irradiation (TBI)-based regimen would result in improved survival when given to adult patients with acute myelogenous leukemia (AML) who were undergoing unrelated donor bone marrow transplantation in complete remission (CR). The regimen consisted of single exposure (550 cGy) of TBI given at a high dose rate (30 cGy/min) and cyclophosphamide. Graft-versus-host disease prophylaxis consisted of cyclosporine, methotrexate, and corticosteroids. Thirty-two consecutive adult patients (median age, 47 years) with AML in CR (15 in CR 1 and 17 in CR ≥2) were treated. Sixteen patients (50%) were alive and in remission at last follow-up (median, 2.2 years; range, 0.6-4.0 years). Kaplan-Meier estimates of overall and leukemia-free survival at 3 years were 55% ± 14% (mean ± SE) and 57% ± 14% in CR 1 patients and were both 39% ± 12% in CR ≥2 patients. Transplant-related mortality was 13% for patients in CR 1 and 41% for those in CR ≥2. Only 1 patient (3%) experienced fatal regimen-related organ toxicity, and only 1 had grade III or IV acute graft-versus-host disease. Graft failure was not observed. Relapse occurred in 22% of patients. This low-dose (550 cGy), single-exposure TBI-based regimen resulted in good

survival and a low risk of fatal regimen-related organ toxicity in adult patients with AML who underwent unrelated donor bone marrow transplantation in CR. .COPYRGT. 2004 American Society for Blood and Marrow Transplantation.

L3 ANSWER 16 OF 27 EMBASE

ACCESSION NUMBER: 2004378789 EMBASE

TITLE: High-dose cytosine arabinoside and etoposide with total body irradiation as a preparatory regimen for allogeneic hematopoietic stem-cell transplantation in patients with acute lymphoblastic leukemia.

AUTHOR: Sato, N.; Kuroha, T.; Masuko, M.; Takahashi, H.; Yano, T.; Abe, T.; Aizawa, Y.
CORPORATE SOURCE: Division of Hematology, Niigata University, Grad. Sch. of Med./Dental Sciences, Niigata, Japan.
AUTHOR: Furukawa, Tatsouf, Dr. (correspondence); Hashimoto, S.
CORPORATE SOURCE: Div. of Bone Marrow Transplantation, Niigata University Medical Hospital, Asahimachi-dori 1-754, Niigata 951-8550, Japan. tatsuof@med.niigata-u.ac.jp
AUTHOR: Fuse, I.
CORPORATE SOURCE: Division of Blood Transfusion, Niigata University Medical Hospital, Asahimachi-dori 1-754, Niigata 951-8550, Japan.
AUTHOR: Koike, T.
CORPORATE SOURCE: Nagaoka Red Cross Hospital, Niigata, Japan.
AUTHOR: Kishi, K.
CORPORATE SOURCE: Department of Medicine, Division of Hematology/Rheumatology, Tokai University School of Medicine, Kanagawa, Japan.

SOURCE: Bone Marrow Transplantation, (Aug 2004) Vol. 34, No. 4, pp. 299-303.
Refs: 23
ISSN: 0268-3369 CODEN: BMTRE9
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
016 Cancer
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 24 Sep 2004
Last Updated on STN: 24 Sep 2004

AB One approach to improving the outcome of allogeneic hematopoietic stem-cell transplantation for acute lymphoblastic leukemia (ALL) is to intensify the pretransplant conditioning regimen without increasing toxicity. We used an intensified conditioning regimen consisting of high-dose cytosine arabinoside (3 g/m2 twice daily i.v. for 3 consecutive days, total six doses), high-dose etoposide (1 g/m2 once daily i.v. during the first 2 days) and total body irradiation (TBI) (HDACE-TBI) in ALL patients. We retrospectively analyzed 21 patients treated with HDACE-TBI, of whom 18 were in complete remission (CR) and three were in non-CR at transplantation. Although gastrointestinal toxicities were common, critical regimen-related toxicities were not seen in any patients. One patient demonstrated veno-occlusive disease, which could be controlled conservatively. The disease-free survival rate of 18 patients in CR at transplantation was 61%. These results demonstrate that the HDACE-TBI combination regimen is a feasible alternative to other preparatory regimens and does

not increase the regimen-related toxicity. .COPYRGT. 2004 Nature Publishing Group All rights reserved.

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ACCESSION NUMBER: 2003396845 EMBASE
TITLE: Hematopoietic stem cell transplantation for progressive multiple sclerosis: Failure of a total body irradiation-based conditioning regimen to prevent disease progression in patients with high disability scores.
AUTHOR: Burt, Richard K. (correspondence)
CORPORATE SOURCE: Department of Medicine, NW. University Medical School, 320 East Superior, Chicago, IL 60611, United States. rburt@northwestern.edu
AUTHOR: Cohen, Bruce A.; Russell, Eric; Spero, Kenneth; Joshi, Akash; Oyama, Yu; Karpus, William J.; Luo, Kehuan; Jovanovic, Borko; Traynor, Ann; Karlin, Karyn; Stefoski, Dusan; Burns, William H.
SOURCE: Blood, (1 Oct 2003) Vol. 102, No. 7, pp. 2373-2378. Refs: 43
ISSN: 0006-4971 CODEN: BLOOAW
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
025 Hematology
037 Drug Literature Index
008 Neurology and Neurosurgery
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 23 Oct 2003
Last Updated on STN: 23 Oct 2003

AB There were 21 patients with rapidly progressive multiple sclerosis (MS) treated on a phase 1/2 study of intense immune suppressive therapy and autologous hematopoietic stem cell (HSC) support with no 1-year mortality. Following transplantation, one patient had a confirmed acute attack of MS. Neurologic progression defined by the expanded disability status scale (EDSS) did not increase in disability by 1.0 or more steps in any of 9 patients with a pretransplantation EDSS of 6.0 or less. In 8 of 12 patients with high pretransplantation disability scores (EDSS > 6.0), progressive neurologic disability as defined by at least a 1-point increase in the EDSS has occurred and was manifested as gradual neurologic deterioration. There were 2 patients with a pretransplantation EDSS of 7.0 and 8.0 who died from complications of progressive disease at 13 and 18 months following treatment. Our experience suggests that intense immune suppression using a total body irradiation (TBI)-based regimen and hematopoietic stem cell transplantation (HSCT) are not effective for patients with progressive disease and high pretransplantation disability scores. Further studies are necessary to determine the role of intense immune suppressive therapy and HSC support in ambulatory patients with less accumulated disability and more inflammatory disease activity. Specifically, more patients and longer follow-up would be required in patients with an EDSS of 6.0 or less before drawing conclusions on this subgroup. .COPYRGT. 2003 by The American Society of Hematology.

L3 ANSWER 18 OF 27 EMBASE COPYRIGHT (c) 2010 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2004126407 EMBASE
TITLE: Low-dose total body irradiation, fludarabine, and antithymocyte globulin conditioning for nonmyeloablative allogeneic transplantation.

AUTHOR: Grosskreutz, Celia; Ross, Virginia; Scigliano, Eileen; Fruchtman, Steven; Isola, Luis, Dr. (correspondence)
CORPORATE SOURCE: Bone Marrow Transplantation Service, Division of Hematology, Mount Sinai Medical Center, 1 Gustave L. Levy Place, New York, NY 10029, United States. Luis.Isola@msnyuhealth.org
AUTHOR: Isola, Luis, Dr. (correspondence)
CORPORATE SOURCE: Mount Sinai Medical Center, 1 Gustave L. Levy Place, New York, NY 10029, United States. Luis.Isola@msnyuhealth.org
SOURCE: Biology of Blood and Marrow Transplantation, (Jul 2003) Vol. 9, No. 7, pp. 453-459.
Refs: 16
ISSN: 1083-8791 CODEN: BBMTF6
PUBLISHER IDENT.: S 1083-8791(03)00139-3
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
016 Cancer
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 1 Apr 2004
Last Updated on STN: 1 Apr 2004
AB Nonmyeloablative allogeneic peripheral blood progenitor cell transplantation with low-dose total body irradiation (TBI; 200 cGy) plus fludarabine followed by cyclosporine and mycophenolate mofetil results in modest graft rejection rates. Acute and chronic graft-versus-host diseases (GVHD) are also seen and may not differ substantially from those that occur after fully ablative transplantation. Adding antithymocyte globulin (ATG) to pretransplant conditioning produces substantial immunosuppression. Because of its persistence in the circulation, ATG can achieve in vivo T-cell depletion. Twenty-five patients who were not eligible for conventional fully ablative allogeneic stem cell transplantation by virtue of age or comorbidities underwent nonmyeloablative allogeneic transplantation with ATG 15 mg/kg/d days -4 to -1, TBI 200 cGy on a single fraction on day -5, and fludarabine 30 mg/m2/d on days -4 to -2. Oral mycophenolate mofetil 15 mg/kg every 12 hours and cyclosporine 6 mg/kg every 12 hours were started on day -5. Grafts were unmanipulated peripheral blood progenitor cells mobilized with filgrastim 10 μg/kg/d and collected on day 5. The median age of the recipients was 57 years (range, 30-67 years); diagnoses were non-Hodgkin lymphoma (n = 11), acute myeloid leukemia (n = 6), multiple myeloma (n = 3), acute lymphoblastic leukemia (n = 2), severe aplastic anemia (n = 1), paroxysmal nocturnal hemoglobinuria (n = 1), and myelodysplastic syndrome (n = 1). The median CD34+ and CD3+ contents of the grafts were 7.6 + 106/kg and 1.6 + 108/kg, respectively. Five patients received voluntary unrelated donor grafts. Three patients, 2 with voluntary unrelated donor grafts and 1 with a sib donor, received a 1 antigen-mismatched graft. The rest were fully matched. Twenty-two of 25 patients were evaluable for chimerism. Sixteen had ≥95% donor chimerism. Four patients displayed 80% to 90% donor chimerism, 1 displayed 78%, and 1 displayed 64%. Eleven patients relapsed with their original disease. One patient rejected the graft at 180 days. The median hospital stay was 27 days. Complications included GVHD in 6 patients (3 patients had grade I or II GVHD of skin and liver, and 3 patients had grade III or IV GVHD of liver and gut). Two of the patients with GVHD had mismatched grafts. Transplant-related toxicity was seen in 4 patients and infection in 5 patients. The median length of follow-up was 162 days

(range, 17-854 days). Complete remissions were seen in 10 patients. Four patients remained in complete response (CR) at 280 to 595 days. One patient relapsed with non-Hodgkin lymphoma after a CR of 728 days. Of the 25 patients, 16 died (6 of relapsed disease, 4 of GVHD, 3 of infection, and 3 of transplant-related toxicity) and 9 are alive (6 with CR-2 of them after donor leukocyte infusion-and 3 with relapsed disease). The addition of ATG to low-dose TBI and fludarabine nonmyeloablative conditioning was well tolerated and resulted in >80% donor engraftment in this small cohort. As in other series of truly nonmyeloablative transplantation, a high rate of relapse was observed. Donor engraftment may be facilitated by the addition of ATG to low-dose TBI and fludarabine conditioning. .COPYRGT. 2003 American Society for Blood and Marrow Transplantation.

L3 ANSWER 19 OF 27 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2003119927 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12634734
TITLE: Nonmyeloablative allogeneic hematopoietic stem cell transplantation for treatment of Dyskeratosis congenita.
AUTHOR: Gungor T; Corbacioglu S; Storb R; Seger R A
CORPORATE SOURCE: Division of Immunology, University Children's Hospital Zurich, Switzerland.
SOURCE: Bone marrow transplantation, (2003 Mar) Vol. 31, No. 5, pp. 407-10.
Journal code: 8702459. ISSN: 0268-3369. L-ISSN: 0268-3369.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200310
ENTRY DATE: Entered STN: 14 Mar 2003
Last Updated on STN: 10 Oct 2003
Entered Medline: 9 Oct 2003
AB We describe the treatment of a 10-year-old girl with autosomal recessive Dyskeratosis congenita (DC), neutropenia, thrombocytopenia and combined immunodeficiency by nonmyeloablative hematopoietic stem cell transplantation. The conditioning regimen consisted of fludarabine 30 mg/m(2)/day (days -5, -4, -3) and 2 Gy TBI (0.07 Gy/min; day 0). For graft-versus-host disease (GVHD) prophylaxis a course of intravenous MMF and CSA was administered. At 2 years after transplantation of granulocyte colony-stimulating factor (G-CSF) mobilized peripheral blood stem cells from a healthy 11-year-old HLA-identical brother, peripheral blood counts and T- and B-cell functions have completely normalized and donor chimerism was 100% in all cell lineages. No GVHD occurred. Neurological examination and lung function remained normal. The current transplantation regimen appears suitable, safe and efficacious in patients with DC.

L3 ANSWER 20 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN
ACCESSION NUMBER: 2003:336282 BIOSIS
DOCUMENT NUMBER: PREV200300336282
TITLE: Autologous Stem Cell Transplantation (ASCT) in Primary Systemic Amyloidosis (AL): The Impact of Selection Criteria on Outcome.
AUTHOR(S): Mollee, Peter N. [Reprint Author]; Wechalekar, Ashutosh D. [Reprint Author]; Pereira, Denise L. [Reprint Author]; Franke, Norman [Reprint Author]; Reece, Donna [Reprint

Author]; Chen, Christine [Reprint Author]; Stewart, A. Keith [Reprint Author]
CORPORATE SOURCE: Medical Oncology and Hematology, Princess Margaret Hospital, Toronto, ON, Canada
SOURCE: Blood, (November 16 2002) Vol. 100, No. 11, pp. Abstract No. 1682. print.
Meeting Info.: 44th Annual Meeting of the American Society of Hematology. Philadelphia, PA, USA. December 06-10, 2002. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 23 Jul 2003
Last Updated on STN: 23 Jul 2003
AB Introduction: ASCT has produced higher response rates than conventional chemotherapy in patients (pts) with AL. However, transplant-related mortality (TRM) remains high and reported series are subject to considerable selection bias. Methods: We report a retrospective analysis of all pts with symptomatic amyloid referred to a single center from '96-'01, identifying prognostic variables and the impact of ASCT in the entire population. Selection criteria for ASCT were initially broad and included all pts except for those age >65 years or ECOG performance status > 3. Beginning in Jan'99 pts with syncope, septal wall thickness >15mm and systolic BP <90mmHg were also excluded. Prophylactic anti-arrhythmics, mobilization with G-CSF alone, infusion of DMSO-depleted grafts, avoidance of TBI and use of cardiac monitoring were also introduced at this time. Of 80 pts referred with amyloid-related disease, 32 were excluded due to no biopsy confirmation (n=4), hereditary/localized disease (n=5), and coexistent lymphoma (n=3) or myeloma (n=20). Results: 48 pts with primary AL were referred: median age 58 yrs; median time from diagnosis to referral 1.8months; and prior therapy in 27%. Organ involvement: renal 68% (n=32, 21 with nephrotic syndrome); cardiac 77% (n=37, 22 with a history of heart failure, 25 with a septal wall thickness of >12mm, 12 with systolic BP ltoreq90mmHg); liver 42% (n=20); and neurologic 19% (n=9). The 26 pts who were deemed ASCT candidates were significantly younger (55 vs 63 yrs, p=0.001), had a better performance status (96% vs 73% with ECOG score ltoreq2, p=0.02) and had a trend to a better left ventricular ejection fraction (27% vs 45% with EF ltoreq50%, p=0.2) and less syncope (4% vs 18%, p=0.11). 10 pts were mobilized using cyclophosphamide + G-CSF and 16 with G-CSF alone. 5 pts died during the peri-collection period from progressive disease or mobilization complications and one failed to mobilize stem cells. 20 pts underwent ASCT following high-dose melphalan. TRM was 35%; however, since Jan'99 TRM has fallen from 50% to 20% due to better patient selection and prophylactic measures. Intent-to-treat organ responses were: renal 46%, cardiac 25% and liver 50%. The 3yr OS post-ASCT was 56% with improved outcome predicted by a better performance status (p=0.08), normal ALP (p=0.08), nephrotic syndrome (p=0.01) and absence of severe hypotension (3yr OS 0% vs 75% for systolic BPltoreqvs>90mmHg, p<0.001). The 3yrOS for all 48 referred pts (i.e.whether transplanted or not) was 44%, and this was not significantly better for transplant candidates. Improved outcomes for all referred pts were associated with good ECOG performance status (ltoreq2 vs >2, p=0.001), the presence of nephrotic syndrome (p=0.06), no increase in septal wall thickness (p=0.07) and a systolic BP>90mmHg (p<0.001). Conclusions: Selection of appropriate candidates for transplantation of primary AL is important and can result in avoidance of excessive TRM. Those with significant hypotension (systolic BPltoreq90mmHg) and poor performance status (ECOG >2) have an exceedingly

high mortality and should not be transplanted. For those undergoing ASCT, organ response rates appear promising, but overall only small numbers benefit. Conclusive evidence of improved survival for this select group of pts is still lacking and will require randomized trials.

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ACCESSION NUMBER: 2003:357543 BIOSIS
DOCUMENT NUMBER: PREV200300357543
TITLE: Treatment of Severe Multiple Sclerosis (MS) with High-Dose Immunosuppressive Therapy (HDIT) and Autologous Stem Cell Transplantation (SCT): 2 Year Follow-Up.
AUTHOR(S): Nash, Richard A. [Reprint Author]; Bowen, James D.; McSweeney, Peter A.; Sullivan, Keith M.; Pavletic, Z. Steven; Maravilla, Kenneth R.; Al-Omaishi, Jinan; Corboy, John R.; Derrington, David; DiPersio, John; Georges, George E.; Gooley, Theodore; Holmberg, Leona A.; LeMaistre, C. Fred; Openshaw, Harry; Ryan, Kate; Sunderhaus, Julie; Storek, Jan; Zunt, Joseph; Storb, Rainer; Kraft, George H.
CORPORATE SOURCE: Fred Hutchinson Cancer Research Center, Seattle, WA, USA
SOURCE: Blood, (November 16 2002) Vol. 100, No. 11, pp. Abstract No. 3408. print.
Meeting Info.: 44th Annual Meeting of the American Society of Hematology. Philadelphia, PA, USA. December 06-10, 2002. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 6 Aug 2003
Last Updated on STN: 6 Aug 2003

AB Objective: To evaluate the stability of MS and safety of HDIT and autologous CD34-selected SCT with a median patient follow-up of 2 years. Methods: Autologous peripheral blood stem cells were mobilized with G-CSF (16 mug/kg/day) and CD34 selected using Isolex 300 (Nexell). HDIT consisted of TBI (800 cGy), cyclophosphamide (120 mg/kg) and ATGAM (90 mg/kg). Eligibility included an Extended Disability Status Scale (EDSS) score from 5.0-8.0 and an increase of one or more points in previous year. Twenty-one patients had failed previous therapy with interferon-beta and 15 had failed multiple therapies including copaxone, prednisone or methotrexate in addition to interferon. Results: Twenty-six patients (secondary progressive=17, primary progressive=8, relapsing-remitting=1), median age 41 (27-60) years were enrolled. Median EDSS at HDIT was 7.0 (5.0-8.0). Median follow-up was 29 (3-49) months. Early significant complications after HDIT were a MS flare during G-CSF for mobilization (n=1), EBV-posttransplant lymphoproliferative disorder (PTLD; n=1) and the engraftment syndrome (n=13). Late complications (>100 days) were infrequent. One patient developed a herpes simplex virus infection and 2 patients developed a varicella-zoster infection. All patients are now treated with antiviral therapy until 1 year after transplant. One patient developed hypothyroidism and another developed a Guillain-Barre syndrome and pneumonia at 12 and 17 months after HDIT and SCT, respectively. No secondary malignancies were observed. Of 25 evaluable patients, 6 have had an increase in the EDSS of gtoreq1.0 point (Kaplan-Meier (KM) estimate of progression at 2 years=27%). Four of these 6 patients progressed in the first year after HDIT. Three of 22 evaluable patients developed new or enhancing lesions on brain MRI after HDIT (including 1 related to G-CSF mobilization). Two deaths have occurred at day 53 from EBV-PTLD and at 23 months from bacterial pneumonia after continued progression of MS. The KM estimate of survival at 2 years was 91%.

Conclusions: Late complications were infrequent after HDIT and SCT for severe MS. Although loss of neurological function continued in some patients, this was a heterogeneous group with advanced MS who had failed previous therapy. Treatment in earlier stages of MS possibly before the development of progressive disease may decrease the risk of continued loss of neurological function after HDIT. Controlled studies will be required to fully assess efficacy.

L3 ANSWER 22 OF 27 BIOSIS COPYRIGHT (c) 2010 The Thomson Corporation on STN

ACCESSION NUMBER: 2003:368628 BIOSIS
DOCUMENT NUMBER: PREV200300368628
TITLE: Treatment of a Case of Non-Hodgkin Lymphoma with Pathologic Fracture of Multiple Thoracic Vertebra and Paralysis of Legs with Autologous Transplantation of Combination of Bone Marrow Cells and Peripheral Blood Progenitor Cells.
AUTHOR(S): Jiang, Zhisheng [Reprint Author]; Hui, Liao [Reprint Author]; Shunping, Sun [Reprint Author]; Chunna, He [Reprint Author]; Chengping, Li [Reprint Author]
CORPORATE SOURCE: Hematology, Airforce Nanjing Hospital, Nanjing, Jiangsu, China
SOURCE: Blood, (November 16 2002) Vol. 100, No. 11, pp. Abstract No. 5144. print.
Meeting Info.: 44th Annual Meeting of the American Society of Hematology. Philadelphia, PA, USA. December 06-10, 2002. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 13 Aug 2003
Last Updated on STN: 13 Aug 2003

AB The patient is a Chinese boy, 16 years. He had severe pain on his back, high fever, paralysis of legs for 2 months and hospitalized on Oct. 22, 1996. CT-scanner showed that he had cut down fracture of his thoracic vertebra 3,4,10, resulting paralysis of two legs, pathologic destroy of thoracic vertebra 2 to 10 and vertebra lumber 2 to 4. After the operation for reducing pressure of vertebral tube, he was diagnosed as high-malignant, B-large cell Non-Hodgkin lymphoma, IV phase, B group. His blood test showed HBsAg (+).He received one course of CHOP regimen immediately. Then he had received 4 courses of CHOP+E (VP-16 1.8mg/kg, d1, d3, d5). After the two courses of higher dose of CAOPE regimens (CY 1400mg/m2, Ara-C 1400mg /m2, VCR, Pred, VP-16), his 2.09x108/kg of bone marrow mononuclear cells was harvested and cryopreserved with dimethyl sulfoxide(DMSO) in fluid nitrogen (-196degreeC)after moving red cell. After mobilization of G-CSF (Kirin, CO, Japan)300mug/d, d1-d3, his 5.14x108/kg of peripheral blood mononuclear cells which included CD34+ cells of 2.01x106/kg were collected by COBE Spectra blood separator (COBE, CO, Lakewood) and cryopreserved. The conditional regimen was Cy 120mg/kg and total body irradiation (60CO TBI) 800 cGY(lung 700 cGY, local pathologic thoracic and lumber vertebra 1050 cGY). He was treated with acyclovir and high-dose intravenous immunoglobulin for prophylactic virus infection. He had severe head pain and severe hemoglubinuria when he received transfusion of bone marrow cryopreserved cells on Jun.16, 1997. His hemoglubinuria was completely controlled by high-dose DXM (1.3mg/kg). His WBC decreased to 0 at +5d and recovered to 0.7x108/L at +12d. He can walk by himself from the isolation room at +17d. After discharged from hospital he received two courses of 60CO irradiation on local pathologic vertebra. The total dose was 6500 cGY. He has been disease-free survival for 6 years. We

have some experiences (1) Some Lymphoma patients with thoracic vertebra with reversible paralysis can also be selected to transplant. We pay more attention to moving the body in case of severe vertebra fracture when carrying the patient out to TBI. It has key role for reversible paralysis that to give intensive consolidation therapy such as transplantation. (2) Autologous transplantation of combination of bone marrow cells and peripheral blood progenitor cells has some advantages such as rapid hematopoietic recovery. The reasons are closely related to double dosage of infusion cells number, also maybe to different characteristics of two kinds of progenitor cells such as bone marrow stromal cells. (3) HD-irradiation therapy after transplantation is also very important for cure of patient with pathologic bone fracture of vertebra. The patient has received total dose of 6500 cGy in local pathologic vertebra. (4) Could a hepatitis B virus carrier patient receive hematopoietic cells transplant? Some hematologists and oncologists thought chemotherapy results in active of hepatitis B virus. Why this patient did not acute hepatitis appearing during transplantation? Perhaps it is related to give treatment of acyclovir and high-dose intravenous immunoglobulin.

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ACCESSION NUMBER: 2002:220490 BIOSIS
DOCUMENT NUMBER: PREV200200220490
TITLE: Immune suppressive therapy with autologous hematopoietic stem cell transplantation arrests active CNS inflammation but not axonal atrophy in patients with severe disability and progressive multiple sclerosis.
AUTHOR(S): Burt, Richard K. [Reprint author]; Cohen, Bruce A. [Reprint author]; Lobeck, Lorri J.; Oyama, Yu [Reprint author]; Traynor, Ann E. [Reprint author]; Burns, William H.
CORPORATE SOURCE: Division of Immune Therapy and Autoimmune Disease, Northwestern University Medical School, Chicago, IL, USA
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 687a. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1. Orlando, Florida, USA. December 07-11, 2001. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 3 Apr 2002
Last Updated on STN: 3 Apr 2002

AB Twenty-seven patients with progressive multiple sclerosis (MS) have undergone autologous hematopoietic stem cell transplantation (HSCT) with a conditioning regimen of cyclophosphamide (120 mg/kg) and total body irradiation (TBI) (1200 cGy with 50% lung shielding) and solumedral 1 gram IV on each day of TBI conditioning regimen with CD34 enriched autologous HSC that were mobilized with cyclophosphamide 2.0 g/m2 and G-CSF (10 ucg/kg/day).
With a median follow-up of 1.6 years (range 1 month to 5 years), there has been no mortality and no late opportunistic infections except dermatomal zoster. Six patients have progressed by more than 0.5 EDSS points. All patients who progressed had high pre-transplant disability scores (pre-transplant EDSS >7.0). In all patients that progressed, MRI performed at 6, 12 months and yearly, when compared to pre-transplant MRI, have demonstrated no new lesions, no increase in global estimates of T2 burden of disease, and no enhancing lesions, but did show continued increased ventricular dimensions suggestive of continued axonal atrophy.

Pre-transplant blood samples had elevated percentages of monocytes expressing IL-12 and TNF-alpha which normalized following HSCT. Immune analysis and MRI are consistent with arrest of active CNS inflammation. Patients with advanced MS may worsen due to axonal degeneration. HSCT should be evaluated in earlier stages of MS where active inflammatory activity is greater and the burden of irreversible neurological impairment is less advanced.

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ACCESSION NUMBER: 2002:220492 BIOSIS
DOCUMENT NUMBER: PREV200200220492
TITLE: Treatment of severe multiple sclerosis (MS) with high-dose immunosuppressive therapy (HDIT) and autologous stem cell transplantation (SCT).
AUTHOR(S): Nash, Richard A. [Reprint author]; Bowen, James D.; McSweeney, Peter A.; Sullivan, Keith M.; Pavletic, Z. Steven; Maravilla, Kenneth R.; Al-Omaishi, Jinan; Corboy, John R.; Derrington, David; DiPersio, John; Georges, George E. [Reprint author]; Holmberg, Leona A. [Reprint author]; LeMaistre, C. Fred; Openshaw, Harry; Ryan, Kate [Reprint author]; Sunderhaus, Julie [Reprint author]; Storek, Jan [Reprint author]; Zunt, Joseph; Kraft, George H.
CORPORATE SOURCE: Fred Hutchinson Cancer Research Center, Seattle, WA, USA
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 687a. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1. Orlando, Florida, USA. December 07-11, 2001. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 3 Apr 2002
Last Updated on STN: 3 Apr 2002

AB Objective: To evaluate safety of HDIT and autologous CD34-selected SCT for severe MS. The second objective was to assess efficacy (prevention of further loss of neurological function). Methods: Autologous peripheral blood stem cells were mobilized with G-CSF (16 mu g/kg/day) and CD34 selected using Isolex 300 (Nexell). HDIT consisted of TBI (800 cGy), cyclophosphamide (120 mg/kg) and ATGAM (90 mg/kg). Eligibility included an Extended Disability Status Scale (EDSS) score from 5.0-8.0 and an increase of one or more points in previous year. Twenty-one patients had failed previous therapy with interferon-beta and fifteen had failed multiple therapies including copaxone, prednisone or methotrexate in addition to interferon. Patients were considered to be at high risk for further loss of neurological function. Results: Twenty-six patients (secondary progressive=18, primary progressive=7, relapsing-remitting=1), median age 41 (27-60) years were enrolled. Median EDSS at HDIT was 7.0 (5.0-8.0). Median follow-up was 12 (3-36) months. The median number of apheresis procedures was 3 (2-5; a back-up autologous graft was collected). Patient 4 had a MS flare during G-CSF for mobilization. After patient 4, prednisone was administered to 22 patients during mobilization and none experienced MS flare. The median CD34+ cell dose infused was 4.55 (3.37-8.24)X106/kg. Neutrophil (ANC >500) and platelet (>20,000) recovery occurred by 9 (6-13) and 9 (6-16) days after SCT, respectively. Regimen-related toxicities including oral mucositis were mild. One of the 26 patients who died (day +53) received rabbit ATG instead of ATGAM and developed CMV disease and EBV-PTLD after SCT. The administration of

rabbit ATG to this patient was associated with a peripheral blood T cell count of 0 cells/mu 1 on day 28. Another patient had a sustained, high fever of unknown origin (possibly engraftment syndrome) early after transplant and had an associated increase in baseline EDSS of 1.0. Twelve of the first 18 patients had an engraftment syndrome starting on median day 12 (day 4-18) involving fever gtoreq38degreeC, rash and weakness. The subsequent 8 patients who received prophylaxis with prednisone did not develop this syndrome. One patient developed a Guillain-Barre syndrome and pneumonia 17 months after HDIT and SCT. With a minimum follow-up of 6 months (n=22; 19 with gtoreq12 months), 5 patients have had an increase in the EDSS of at least 1.0 point. Two of 22 evaluable patients developed enhancing lesions on brain MRI at 1 year after transplantation. Conclusions: Important clinical issues in the use of HDIT and SCT for MS requiring protocol modifications were identified including G-CSF-induced MS flare, frequent engraftment syndrome, and EBV-PTLD. A short course of prednisone during mobilization prevents exacerbations of MS. Further experience is required to assess the effectiveness of prednisone after SCT. Patients who react to ATGAM with this HDIT should not receive alternative antibody therapy until dose and schedule issues are resolved. Although loss of neurological function continued in some patients, this was a heterogeneous, high-risk group and controlled studies will be required to fully assess efficacy.

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ACCESSION NUMBER: 2002:153286 BIOSIS
DOCUMENT NUMBER: PREV200200153286
TITLE: Engraftment syndrome: A common cause for rash and fever following autologous hematopoietic stem cell transplantation for multiple sclerosis.
AUTHOR(S): Oyama, Yu [Reprint author]; Cohen, Bruce; Brush, Mary [Reprint author]; Rodriguez, Julianne [Reprint author]; Traynor, Ann E. [Reprint author]; Burt, Richard K. [Reprint author]
CORPORATE SOURCE: Immunotherapy and Autoimmune Diseases, Northwestern University, Chicago, IL, USA
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 199a. print.
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1. Orlando, Florida, USA. December 07-11, 2001. American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
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LANGUAGE: English
ENTRY DATE: Entered STN: 21 Feb 2002
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AB After autologous hematopoietic stem cell transplantation (AHSCT) for progressive multiple sclerosis, we have observed a high incidence of an acute GVHD-like phenomenon (7 of 19 patients). The conditioning regimen was Cy/TBI (cyclophosphamide 120mg/kg and TBI 1200 cGy with partial lung, liver and kidney shielding). The graft was CD34 selected peripheral blood stem cells or bone marrow. The range of CD34+ cells were 2.03 to 10.00X106/kg and CD3+ cells were 0.09 to 13.6X105/kg. G-CSF was administered after infusion of cells and was continued until WBC engraftment. Prophylactic antibiotics included valacyclovir fluconazole, and ciprofloxacin. All patients engrafted and there was no mortality. However, between 7 and 53 days post transplant, 7 patients developed maculopapular rash involving upper chest, back, and arms. Skin biopsy was consistent with acute GVHD. Of the 7 patients with

a rash, 5 developed fever >100.5 Fo without evidence of infection, 3 developed peripheral eosinophilia (>500X106/1), and 2 developed mild pulmonary symptoms including transient hypoxemia, dry cough and rhinorrhea. All symptoms responded to systemic or topical corticosteroids. Compared to malignancies, in multiple sclerosis, the engraftment syndrome may be associated with transient neurological deterioration (fatigue, diffuse weakness). We have, therefore, modified our protocol to include oral prednisone 0.5 mg/kg from post transplant day +5 to +30 followed by a rapid taper in order to decrease the incidence of engraftment syndrome related neurologic deterioration.

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ACCESSION NUMBER: 2000:197816 BIOSIS
DOCUMENT NUMBER: PREV200000197816
TITLE: Clinical phase II evaluation of the combination therapy with docetaxel and epidoxorubicin in the neoadjuvant, cytostatic treatment on patients with primary breast cancer (T1-4, N0-2, M0).
AUTHOR(S): Wenzel, Catharina; Schmidinger, Manuela; Locker, Gottfried J.; Taucher, Susanne; Gnant, Michael; Jakesz, Raimund; Steger, Guenther G. [Reprint author]
CORPORATE SOURCE: Klinische Abteilung fuer Onkologie, Universitaetsklinik fuer Innere Medizin I, Waehringer Guertel 18-20, A-1090, Wien, Austria
SOURCE: Wiener Klinische Wochenschrift, (Oct. 29, 1999) Vol. 111, No. 20, pp. 843-850. print.
CODEN: WKWOAO. ISSN: 0043-5325.
DOCUMENT TYPE: Article
LANGUAGE: German
ENTRY DATE: Entered STN: 17 May 2000
Last Updated on STN: 4 Jan 2002

AB Background: Preoperative (neo-adjuvant) chemotherapy is very effective in downstaging primary tumors and moreover is able to prevent advancing metastatic growth early in the course of the disease. Methods: We report on 38 patients with a median age of 54 years (range, 33-70 years) suffering from biopsy-proven breast cancer (T1-T4). Mastectomy had been considered the treatment of choice in all cases. The patients received 194 cycles of chemotherapy with docetaxel (75 mg/m2) and epidoxorubicin (75 mg/m2) on day 1, every 21 days, together with 30 million IU of G-CSF from days 3 to 10. Three to 8 cycles (median 5 cycles) of the treatment were administered until best response was achieved on mammography and clinical assessment. Results: The neo-adjuvant chemotherapy was well tolerated and all patients completed the treatment regimen on an out-patient basis. During 194 cycles we observed leukopenia WHO grade IV only at one occasion (0.5%). WHO-grade III toxicity consisted of leukopenia (0.5%), diarrhoea (2%), and stomatitis (0,5%). Response to treatment was present in 85%, with 4 patients (11%) experiencing a pathological complete response (pCR) of the invasive tumor (T0: n = 2, DCIS: n = 2) and 28 patients (74%) showing a partial pathological response. In 21 patients (52%) a breast-conserving surgical procedure was possible. Summary: We conclude that neo-adjuvant treatment of primary breast cancer with docetaxel and epidoxorubicin is safe and effective. By applying more chemotherapy cycles preoperatively it might even be possible to raise the rate of pCR and prolong survival.

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ACCESSION NUMBER: 1997343865 EMBASE
TITLE: Peripheral blood stem cell transplantation in the treatment of progressive multiple sclerosis: First results of a pilot

study.
AUTHOR: Fassas, A., Dr. (correspondence); Anagnostopoulos, A.; Sakellari, I.; Tsompanakou, A.
CORPORATE SOURCE: Department of Haematology, George Papanicolaou Hospital, Exokhi/Thessaloniki, Greece.
AUTHOR: Kazis, A.; Kapinas, K.; Kimiskidis, V.
CORPORATE SOURCE: Department of Neurology, George Papanicolaou Hospital, Exokhi/Thessaloniki, Greece.
AUTHOR: Fassas, A., Dr. (correspondence)
CORPORATE SOURCE: Haematology Department, George Papanicolaou Hospital, 570 10 Exokhi, Thessaloniki, Greece.
AUTHOR: Fassas, A., Dr. (correspondence)
CORPORATE SOURCE: Haematology Department, The George Papanicolaou Hospital, 570 10 Exokhi, Thessaloniki, Greece.
SOURCE: Bone Marrow Transplantation, (2 Oct 1997) Vol. 20, No. 8, pp. 631-638.
Refs: 50
ISSN: 0268-3369 CODEN: BMTRE9
COUNTRY: United Kingdom
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LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 1 Dec 1997
Last Updated on STN: 1 Dec 1997
AB Several experimental autoimmune diseases (AID), including allergic encephalomyelitis, ie the multiple sclerosis (MS) model, respond to TBI and chemotherapy followed by BMT. Remissions of AID may also occur in patients with concomitant malignancies treated with allogeneic or autologous BMT. These observations have emphasized the possibility of treating AID with high-dose therapy and haematopoietic stem cell transplantation (HSCT). In a phase I/II pilot study, 15 patients with progressive MS were treated with BEAM followed by autologous blood SCT and antithymocyte globulin (ATG). Patients were severely disabled, with median EDSS and SNRS scores of 6 (5-7.5) and 42 (33-62), respectively. Cyclophosphamide (4g/m2) and G/GM-CSF (5 μg/kg/day) were used for stem cell mobilization, which caused no neurotoxicity. On days +1 and +2, ATG (2.5-5 mg/kg) was given for in vivo T cell-depletion. Allergy (93%) and infections (87%) were the principal toxic complications. Mild, transient, neurotoxicity was observed in six patients in the immediate post-transplant period. The median follow-up time is 6 months (6-18). Durable neurologic improvements have been detected on both the EDSS (7/15) and SNRS (15/15) systems. One patient worsened at 3 months and two have relapsed. Autologous HSCT appears feasible in MS; it does not aggravate disability and seems to offer a clinical benefit. However, these observations need confirmation and long-term outcomes will show if benefits counterbalance toxicity and cost.

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